IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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FORM-GB

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

PVC CI		
DHS Glenwood Resource Center		
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534	
	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF		Atta
ENGLISH ON NEOFFENT DEPARTMENT OR OFF	ICE:	8
Name		12 N
		Q 02A
Mailing Address (if different from above)	City, State, Zip (if different from above)	- 2 하구
Email Address		8
	Area Code & Telephone Number (if different f	
OONOR OF GIFT OR BEQUEST:		SURE
ALA Homer Hall %Amelia Wiegel	 -	e R
Name	9	.
Box 41 Charter Oak, IA 51439		
Mailing Address City, State, Zip Code	11/10/2012	in series
Oity, State, 2ip Code		1.00
Area Code & Telephone Number	Date of Gift or Bequest Ar	mount/Value*
	value is defined as "fair market value" of item	as determined by
Email Address (optional)	receiving department or office. If no value man	rk "0.00".
Provide a description of the gift or bequest and purpose thereof:		
Clothing, scrapbooks, pencils, notebooks		
croming, scrupbooks, penens, notebooks		
Criteria to use this form:	The second secon	
Receipt of any gift or bequest that is received by any department of the s	state or received by the Conservation	
of the s	state of received by the Governor on behalf of the state.	
atement of Affirmation:		
Ruth Messingeraffirm that the gift or bequest reported above	e is accurate. I further affirm that the information conce	rning the dense and
essment of the fair market value (if applicable) is correct and true to the I	best of my knowledge.	mmy me donor and
1		
11-15	as Alexan Campa at the	
Cittle Messenger	11/21/2012	
Signature	Date	- <u>19</u>

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state For office use only Indexed Audited Checked

Computer ____

FORM-GB

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

·		
DHS Glenwood Resource Center		
Name of Department or Office 711 South Vine Street		
Mailing Address	Glenwood, IA 51534	
712-525-1251	City, State, Zip Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:	
	12	
Name	O CO	
Mailing Address (if different from above)	- Cm	
	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from Pove)	
ONOR OF GIFT OR BEQUEST:		
ONOR OF GIFT OR BEQUEST:	SURE SURE	
Emilie Dick	m m	
Name		
222 Timber Dr Council Bluffs, IA 51503		
Mailing Address City, State, Zip Code	11/19/2012 \$200.00	
	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number		
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)	- I I I I I I I I I I I I I I I I I I I	
Provide a description of the cife		
Provide a description of the gift or bequest and purpose thereof:		
Clothing, dresser, TV		
Criteria to use this form:	en la	
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.	
tement of Affirmation:		
Ruth Messinger		
essment of the fair market value (if applicable) is correct and true to the	ove is accurate. I further affirm that the information concerning the donor and a best of my knowledge.	
· —	,	
11 -		
Signature Ressurance	11/21/2012	
Signature		
- D	Date	

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DHS Glenwood Resource Center			
Name of Department or Office 711 South Vine Street			
Mailing Address	Glenwood, IA 51534 City, State, Zip Code		
712-525-1251 Area Code & Telephone No.	Oity, State, Zip Code		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FFICE:		
Name			
Mailing Address (if different from above)	City, State, Zip (if different from above)		
	Oily, State, 2ip (if different from above)		
Email Address	Area Code & Telephone Number (if different from above)		
OONOR OF GIFT OR BEQUEST:			
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Diana Hoogestraat	28 景玉		
Name	- ~		
1407 W. Sharp St Glenwood, IA 51534	11/16/2012 252 252 252 252 252 252 252 252 252 2		
Mailing Address City, State, Zip Code	11/16/2012 \$53.50 景章		
712-527-4688	D.1. (0.0 =		
Area Code & Telephone Number			
	*value is defined as "fair market value" of item as determined by		
Email Address (optional)	receiving department or office. If no value mark "0.00".		
Provide a description of the gift or bequest and purpose thereof:			
Birthday party-pizza, pasta & pop			
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Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of the	e state or received by the Governor on baball of the		
70 P 7000 Institution (Contraction Contraction Contrac	the state.		
atement of Affirmation:			
Ruth Messinger			
attirm that the gift or beguest sometical above	ove is accurate. I further affirm that the information concerning the donor and		
essment of the fair market value (if applicable) is correct and true to the	e best of my knowledge.		
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() , (h	E and add 2 500 000		
hessinger	11/16/2012		
Signature	Date		